



Department of Permitting Services
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Homeowners Electrical Exam

Information about Taking the Homeowners Electrical Exam

Attached you will find procedures and general information for taking the Homeowners Electrical Exam, along with Definitions, Exclusions and relevant excerpts from the Montgomery County Code Chapter 17. Please read all the attached carefully before signing the affidavit below.

The examination is open book. Applicants must use only the Electrical Code Book the department provides them. No other materials will be permitted while testing. Cell phones shall not be used while taking the examination. Only the individual taking the examination will be allowed at the testing location. The Exam and the Electrical Code Book are the property of the Montgomery County government and are not to be removed from the premises. Please do not mark in the Electrical Code Book.

A fee of \$41.80 must be submitted at the time of taking the examination. Please make check or money order payable to Montgomery County. This fee includes a base fee of \$38.00 PLUS a 10% Automation Enhancement fee of \$3.80.

If you have any questions or would like to schedule an appointment to take the exam, please call 311 in Montgomery County or 240-777- 0311 outside Montgomery County.

AFFIDAVIT

I hereby declare and affirm, under the penalty or perjury, that:

- 1) I have read and understand all of the attached information.
- 2) I am making this permit application for proposed work that I will perform in a single family detached residence which I own and occupy or which I own and am preparing to occupy; and
- 3) That all matters and facts set forth in this Application for Electrical Permit and in this Affidavit are true and correct to the best of my knowledge, information and belief.

Print Name

Phone Number

Location of Property:

Lot _____ Block _____ Subdivision _____

Mailing Address _____

City _____ State _____ Zip _____

Signature

Date

Amt Paid: _____ Re-examination Fee: **\$34.10**
Verification: Assessments and Taxation: _____ Driver's License: _____ Other: _____
Initials: _____
EXAMINATION DATE GRADE

